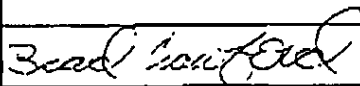


#19

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)											
<b>ADDRESS TO:</b>  <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, Virginia 22313-1450</b>	<b>Attorney Docket No.:</b> 01-1693-F <b>Application No.:</b> 09/895,871 <b>Filing Date:</b> June 29, 2001 <b>First Named Inventor:</b> Lawrence Fang <b>Group Art Unit:</b> 1624 <b>Examiner:</b> R. Raymond										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application to and including November 12, 2003.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One Month (37 CFR 1.17(a)(1))</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two Months (37 CFR 1.17(a)(2))</td> <td>\$420.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))</td> <td>\$</td> </tr> </table>		<input type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$	<input checked="" type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$420.00	<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$
<input type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$										
<input checked="" type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$420.00										
<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$										
<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$										
<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$										
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or to credit any overpayment to Deposit Account Number 13-2490. I have enclosed a duplicate copy of this sheet.											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED											
Name	Bradley W. Crawford										
Reg. No.	50,494										
Signature											
Date	November 12, 2003										

11/20/2003 SSESHE1 00000050 00005071

EXT (Rev. 1/3/01)

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